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Bulgarian Women Medical Doctors in the Social Modernization of the Bulgarian Nation State (1878-1944)

Georgeta Nazarska *

Abstract: This paper presents empirical (both statistical and prosopographical) data about the professional cluster of women medical doctors in Bulgaria from the establishment of Bulgarian Nation State till the Second World War. Medical doctors in Bulgaria were a main part of national intellectual elites, formed as a professional group of the Bulgarian intelligentsia during the 1830s-1870s. The first Bulgarian woman graduated from a university in the very beginning of national independence (1878) and she was a medical doctor, Anastassia Golovina.- 1) This paper deals with the education and training of Bulgarian women medical doctors. Data regarding their number, educational centers and migrations would be summoned in order to explain if the relevant social transformation was influenced by foreign experience.- 2) The paper summarizes facts concerning the professional career of Bulgarian women medical doctors: employment opportunities, career interruptions, discriminatory appointment and promotion practices, cultural stereotyping. Also their professional activity in promoting hygiene and vaccination, in school medical care and as pioneers in the fields of neurology and gynecology will be commented. Some biographical examples should be presented there.- 3) The paper dwells upon the social, political and cultural activities of women medical doctors. They were members and leaders of feminist, charity and Social-Democratic organizations, as well as gifted translators and publicists.- The paper makes an attempt to compare the “Bulgarian case” of women doctors with the experience of women doctors in the same period in the Southeastern and the Western Europe.

1. Bulgarian medical doctors as a professional group

The professional cluster of Bulgarian medical doctors was formed from the 1830s to the 1870s under the Ottoman political domination. About 135 medical doctors graduated by the year 1878 (that means 1.4 % of the whole native intelligentsia). They were alumni of the medical schools at Constantinople and Bucharest. Only half of them began a professional career, predominantly abroad, as doctors in the Ottoman army and hospitals, or in the Bulgarian

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towns. Some of them became important figures in the national liberation movement. (Genchev 1991: 143-145)

The group of medical doctors preserved their prominent part in the process of professional transformation of Bulgarian intelligentsia after the Liberation (1878). The number of Bulgarian doctors gradually grew. (Serafimov, P. 1981: 30, 72; Petkova, M. 2001: 183) This resulted from the demographic 'boom' and of the needs of state and municipal hospitals, of the army and of the schools. From the beginning the profession of medical doctors in Bulgaria was regulated by the state through a number of laws and ordinances. (Zakon 1903; Zakon 1909) They determined the granting of scholarships, the legalization of diplomas, the acquisition of qualifications, the setting up of medical practices, the conditions of specialization, the occupation of state positions, remunerations. (Kolev, J. 1992: 179-181, 182, 186)

As early as in the first decades after the Liberation (1878) medical education was promoted by the state which set aside one third of all scholarships, and anticipated funds for the specialization of medical doctors. Bulgaria was among the countries with the lowest provision of physicians and a notorious insufficiency of hospitals but doctors in principle preferred state and municipal occupations to private practice. (Istoria 1980: 163, 202) Despite insufficient payment (an exception were salaries of military doctors), the medical personnel enjoyed high prestige and authority with public and a stability of positions. (Istoria 1980: 163, 202; Istoria 2004: 200; Entsiklopedia 1978: 453)

2. Formation of the professional group of Bulgarian women doctors

The traditional opinion of medicine as a „high ranking science” within realm of knowledge (along with Law and Theology) turned the Faculties of Medicine in Europe into conservative institutions, which, for a long time, rejected women. The reason why faculties of medicine were not open for female students was also dictated by the status of the medical profession – highly paid, independent and prestigious. Therefore until the 19th century female medical colleges were founded in the U.S.A and the Faculties of Medicine in some universities in Switzerland and France opened their doors to women only in the late 19th century. Although the first female students were received with hostility by academic circles in Germany, England, Russia and Austro-Hungary a lot of women enrolled in the Faculties of Medicine by the early 20th century. In Germany their number increased up to 25 % of all female students. (Anderson, B. 1988: 188-189; Mcdermid, J. 1998: 77-79; Jex-Blake, S. 2001: 348-350) This liberal access operated against strong prohibitions imposed on medical practice of women doctors in many countries. English women doctors gained their practice licenses in 1877, the Germans – in 1889, the Russians in 1900,

and the French in 1914. (Pushkareva, N. 1997: 210-211; Bisha, R. 2002: 192-199).

The first Bulgarian woman medical doctor was Anastassya Nikolau Berladsky-Golovina (1850-1933). Born in Bessarabia, she graduated from the Sorbonne (1878) defending a thesis in Histology, a sphere which was considered as an entirely 'male scientific field'. A specialist in internal diseases and a psychiatrist, Golovina began to work in 1879 and occupied state positions (in hospitals and in schools). She published lots of scientific and popular articles, was a member of professional, women's and philanthropic societies and was a generous donor. (Kalchev, K. 1996; Nestorov, Al. 2000)

Golovina's traces were followed by a lot of Bulgarian girls. Because of absence of a native Faculty of Medicine, they were fully trained abroad until the end of the First World War. According to archival data during this period about 30 female students received state scholarships, 360 women were trained abroad at their own expenses, and also 209 women doctors legalized their diplomas in Bulgaria. (Nazarska, G. 2003: 195) The available sources prove that the Bulgarian government did nothing to obstruct women's medical education, and because of the insufficient medical personnel available – it even supported it by awarding scholarships and grants. About 21 % of the total number of scholarships, awarded to female students, were scholarships in Medicine. This support was most significant during the periods of 1885-1900 and of 1913-1918. (Nazarska, G. 2003: 128)

The group of female students in Medicine was the largest among female students studying at their own expense abroad (65.8 % of the total number). They preferred less famous educational centers (like Munich or Nancy) and universities in neighbouring countries (Istanbul). Bulgarian female medical doctors were trained mostly in scientific schools in France (44.5 %), Russia (16.2 %) and Austria (12.4 %). According to their diplomas they specialized mainly in Obstetrics and Gynecology, Oncology and Pediatrics. This profile allowed them to become well-known specialists, but it placed women in lower positions within the 'horizontal division of labor' (P. Bourdieu) – isolated from the 'supreme' branches of medicine like Neurology or Surgery. (Kerekovska, A. 2005: 93; Nazarska, G. 2003: 198-200; Istoria 1980: 148).

Bulgarian minority women studying in foreign universities also preferred Medicine. Jewish, Armenian and Wallachian women sought security in the liberal professions and that is why they enrolled in a medical faculty in France, Germany, Austro-Hungary and Switzerland, and studied in centers like Vienna, Strasburg and Innsbruck. (Nazarska; G. 2003: 145)

After 1878 Bulgaria started the process of modernization of health care by means of 'importation of elites'. Therefore a few foreign women, among them medical doctors, educated in European and Russian universities started working in the country for many years. Sometimes they got married and settled down. Russian women doctors were the first to arrive. Later on their group

enlarged and comprised Russian émigrés, Polish, Austrian, Czech, Romanian and Serbian women. They were alumni of Russian and Austrian universities and constituted about 11 % of Bulgarian women medical doctors with legalized diplomas. (Nazarska, G. 2003: 145-146)

The Faculty of Medicine at the Sofia University was established in 1918. It admitted women (the Sofia University had done so since 1901), but a special female quota about 11 % was introduced. (Zhenski glas 1924) The first alumni of the Faculty of Medicine graduated in 1924 and among them 42 women. Up to the Second World War their number reached to 419. In fact, Medicine as a subject was increasingly favoured by female students. During the 1920s – the 1930s it occupied the second place among the specialties preferred by women at the Sofia University (with 9.2 %). Girls of urban origin predominantly orientated themselves towards Medicine. It also occupied the fifth place in the preferences (9.3 %) of the rural girls, after such subjects as Slavic Studies, Pedagogy and Philosophy. Minority women (Jewish, Turkish, Protestant) and Russian émigré women – who settled during the 1920s in Bulgaria – turned also often to the medical profession. (Nazarska 2003: 86-91)

Bulgarian medical doctors had a chance to specialize soon after their graduation. The Regulations on specialization abroad (1907) did not obstruct the improvement of the women's qualification. The state supported school doctors to work in foreign clinics. (Petkova, M. 2001: 185) After the First World War the specializations of medical doctors were regulated by the Sanitary Act (1929), an Ordinance (1932) and Regulations (1937). Professional improvement was conducted in native and foreign specialized medical institutions. A defined list of specialties and special syllabi were issued. As a result for the period 1936-1940 about 38 % of the young Bulgarian medical doctors acquired a specialization. (Konstantinov, N. 2006: 240-241) This process covered women doctors as well. Just after graduation, they often succeeded to specialize in Ophthalmology, Pediatrics, and Endocrinology at prestigious clinics in Vienna, Berlin and Paris. Specializations were also conducted in the clinics of the Sofia University. After the completion of their studies, a few talented women doctors were even appointed as Assistant Professors. (Kurtev, V. 1986: 36, 38, 190)

3. Professional career of Bulgarian women medical doctors

Two periods in the professional career of Bulgarian women medical doctors could be distinguished.

During the initial period, 1878-1918, they rapidly entered into the profession and did not encounter any administrative obstacles in legalization of their diplomas, in occupying state and municipal positions, in obtaining equal rights as their male colleagues. (Kerekovska, A. 2005: 93) Only Dr. Golovina was

dismissed and expelled from Varna due to her political views in the times of the "Bulgarian crisis" (1886-1887). (Kalchev, K. 1996: 104, 117)

The first generation of women doctors descended predominantly from urban families of merchants, craftsmen and teachers, and consisted of mainly French, Russian and Swiss graduates. In 1881 women medical doctors constituted 2.9 % of all Bulgarian physicians. Twenty years later their proportion grew up to 4 %. (Kerekovska, A. 2005: 93)

In the beginning of the 20th century only 18 women doctors were practicing in Bulgaria. Eight of them were foreigners, Russian Jews. (Other eight Bulgarian Jewish women, having graduated abroad, started their practice after the First World War.) The first ten Bulgarian women, who graduated at Nancy, Saint Petersburg, Montpellier and Lyon, preferred to practice in the capital and in the big cities, seldom in the villages. (Zhenski glas 1900,a) A few of the women doctors, mainly foreigners, opened private offices. They were working in their native towns and surroundings, following the tradition that girls should live closer to their families and enroll patients among relatives and neighbours. (Nazarska, G. 2003: 198)

The former scholarship students occupied also municipal positions. The Sanitary Administration appointed them as district medical doctors in the Turkish population regions, in order notably to care for Turkish women. The number of municipal women medical doctors was not small neither: the psychiatrist Dr. Golovina was working in Tarnovo and Varna (1879, 1885-1900), the gynecologist Dr. Eliza Pasternak was appointed in Varna, Razgrad, Shoumen (1895-1899) and Sofia (1910), the endocrinologist Dr. Zaharina Dimitrova practiced for many years in Pazardzhik, Sofia and Sliven (1901-1910), the specialist in Internal diseases Dr. Nina Berova-Orahovats occupied the doctor's position in Koprivshtitsa and Sofia. Hired by the municipalities, they served in the hospitals too. (Kurtev, V. 1986: 45; Petkov, P. 2004; Nikolova, L. 2007)

The first generations of women doctors were equally employed in state hospitals (at Sofia, Plovdiv, Rousse, Varna, Pleven, Lovech, Tarnovo, Vidin, Haskovo, Troyan) but occupying merely low positions and with permanent mobility. (Rusev, M. 1904: 71, 73-74, 76, 78-79, 81-83, 85-98; Stereva, Kr. 2003:13-14) Predominantly interns, they did not get any promotion despite the long length of their service. After their discharge only men replaced them. The positions of internship were also a guarantee for low payment: during the 1890s they received 4008 Bulgarian leva per year compared to 6000 Bulgarian leva for senior physicians (occupied by male doctors). In 1912 the situation was the same: women interns had a salary of about 3600 Bulgarian leva compared to 4800 Bulgarian leva received by their male colleagues. (Kolev, J. 1992: 186-187)

Although these negative trends, examples of high careers of women doctors could also be given. As early as at the beginning of their careers Dr. Golovina and Dr. Nina Berova-Orahovats reached positions of senior doctors (respec-

tively in Plovdiv and in Lovech) and at the end of the 19th century they acquired ranks of chief doctors. Dr. Berova became a doctor in chief of the Department of Surgery at the Vidin Hospital (1886-1890), and Dr. Golovina became a chief manager of the Hospital for Mental Diseases at the St. St. Peter and Paul Monastery (1889-1894) as well as of the Lovech Hospital (1893). During the Balkan Wars (1913) Dr. Stefanova was a chief manager of the Svishtov Hospital (1913). (Kalchev, K. 1996: 122; Petrovski, Iv. 2003: 297; Istoria 2004: 31)

However the above mentioned biographies did not mark the main trends. Women doctors remained mostly affected among the inferior medical personnel at the hospitals and were not admitted to the newly opened and equipped institutes of Bacteriology and for the prevention of plague. There were no women occupying administrative positions at the Civil Sanitary Directorate. (Rusev, M. 1904: 85-98) This was a result of belated formation of a female medical elite, but also of the surviving prejudices as to professional abilities of women doctors. Their male colleagues contested their qualities as a principle, considering them as useless and untrained. Even well-known specialists as Dr. Golovina became target of malevolence and intrigues. The press fed up the debate: "Should women study medicine?" and "The woman as a medical doctor" for a long time. The stereotype that "women have no skills for this science [Medicine] and even the most talented among them could not be equal to men" because men "were stronger, healthier [...] in principle and had more perfect brains" was ratified in a number of publications. The articles also discussed whether women surgeons could compensate for the absence of "deep mental strength" with "extraordinary attention, memory, imperturbability, [...] regularity, accuracy, experience, cleanness". According to these publications Bulgarian women doctors did not succeed to expand their private practice because of such public prejudices. (Meditinski sbornik 1896; Zhenskij sviat 1896, a, b; Zhenski glas 1900,b; Kalchev, K. 1996: 101, 124)

The negative attitude towards the medical practice of women was one of the reasons for their turning to the occupation as school doctors after 1904. The school doctors as state officials were responsible for the hygiene at schools and of pupils, drew up relevant health statistics, offered health instruction and taught Hygiene. Up to the First World War their salaries were higher than those of teachers. Regardless of the unprofitable financial conditions, a great number of women doctors (Dr. Pasternak, Dr. Z. Dimitrova, Dr. D. Kazasova, Dr. M. Angelova, Dr. Berova-Orahovats were among them) preferred secondary female, pedagogical and elementary schools until the closure down of the institution in 1919. (Arhiv 1909; Uchilishten pregled 1908; TsDA 177 k; Istoria 1980: 203)

The second period in the professional career of Bulgarian women doctors comprised the interwar years (1919-1939). Then a lot of state institutions

‘opened’ their positions for women, the liberal approach to women’s education and non domestic labor was commonly shared.

During this period the number of Bulgarian women doctors rapidly increased, the progressive feminization of the medical profession became manifest. The statistics indicate the proportion of women doctors in the 1930s-1940s around 15.6 %. Those who graduated from the Faculty of Medicine at Sofia University already dominated the cluster (67.5 %), followed by graduates from Germany (8.1 %), Switzerland (5.8 %), Austria, France and Yugoslavia. The rate of women doctors with specialty also grew up 37 %. Their frequent specialization in Obstetrics and Gynecology (30.7 %), Internal diseases (27.7 %) and Pediatrics (12.4 %) was connected to the traditional vision of women as wives and mothers, but also to the continued low positions of Bulgarian women doctors in the profession. Women doctors commenced their professional career at the average age of 26, but there were few of them, who practiced during all their life. (Kerekovska, A. 2005: 94-95; Nazarska, G. 2003: 199)

The majority of the women doctors were Bulgarian, but there were also Jews (2.1 %), Armenians and Wallachians. No restrictions were observed to the practice of Jewish women doctors until the Anti-Semitic legislation during the Second World War (1940-1943). A group of foreign women doctors (5 %) were also active in the country. They were predominantly Russian émigrées (4.5 %) and naturalized by marriage of German, Austrian, Polish, Romanian and English extraction. They practiced without troubles in spite of their ethnic origin or religious denomination and succeeded to legalize their diplomas. Only Russian émigré women holding international Nansen passports but without Bulgarian citizenship, could not practice for a long time. The inclusion of all Russian émigré physicians in the Bulgarian cluster of medical doctors provoked intense dissatisfaction in domestic medical circles. Russian émigré women doctors solved the problem by contracting mixed marriages with Bulgarian male colleagues and during the 1930s gained equal professional rights. (Nazarska, G. 2003:199-200)

During the interwar period about 77 % of Bulgarian women doctors were from urban origin, and only 11 % were born in villages. (These percentages were respectively 66 % and 21 % for men doctors). The origin of women doctors however did not much affect their place of practice. About 75 % of them preferred to reside and to work in the cities and in particular at the capital (33 % as against 26 % for men). This was a result of the maintenance of some prejudices in traditional environments and also familiar and social restrictions. Women doctors would have had less career opportunities moving in the country. (Kerekovska, A. 2005: 94-95)

In this period women doctors oriented themselves more often towards private practice (46.7 % to 38.2 % of male doctors), but their commitment to the public sector was preserved: 16.4 % of them were active in factory cabinets,

13 % in rural districts, 10.5 % at schools and only 8 % in hospitals. (Kerekovska, A. 2005: 94-95)

The stability of state positions did not bring Bulgarian women doctors prestigious jobs and income. The district doctors in rural health care stations who practiced without much equipment, tools and dispensaries, met a lot of difficulties. Unfortunately they were supported only by medical assistants because men doctors avoided rural practice. (Konstantinov, N. 2006: 247-250; Kurtev, V. 1986: 74, 100, 176) After the introduction of a social security system in Bulgaria (1935) quite a few Bulgarian women doctors started to practice in the Aid Centers at factories. But they signed part time contracts and were forced to work in the local hospitals too. (Nikolaeva, Iv. 1980: 124-125; Kurtev, V. 1986: 119) During the 1930s the institution of school doctors was restored and many women doctors turned to it regardless of the neglect by the male medical doctors. (Istoria 2004: 55) In spite of the partial withdrawal of women doctors from hospitals during the interwar period, some new trends could also be observed. Women entered some earlier 'inaccessible' departments (of Infectious diseases and of Neurology) and occupied higher positions – of senior doctors, of administrative directors, of heads of Departments (in the Lovech, Varna, Haskovo, Pleven and Svishtov Hospitals) and of hospital managers (Karlukovo). (Nikolaeva, Iv. 1980: 84; Istoria 2004: 48; Kolarova, D. 2002: 49) The Bulgarian women doctors already climbed in the "vertical hierarchy" of the Sanitary Administration. Dr. Maria Angelova was appointed for a year as a Chief Inspector at the Ministry of Public Education (1919-1920) and was responsible for the activities of all school doctors. Dr. Tabakova was a Chief of the Public Disasters Service at the Ministry of Interior and Public Health (1940) and all the inspectors, engaged with health care, became subordinated to her. Women doctors also changed their private practice. During the 1930s-1940s they opened own consulting cabinets and even private clinics. (Nelchinov, Sv. 1997; Petrovski, Iv. 2003: 339)

After the First World War Bulgarian women doctors obtained access to the higher academic careers which had been impossible for them earlier regardless of their proven scientific talents. Thus Dr. Zaharina Dimitrova, whose dissertation on Histology of epiphysis was highly assessed in France and widely quoted, interrupted her scientific activities after her return in Bulgaria (1900). (Petkov, P. 2004) From 1923 about 28 women were active in the Faculty of Medicine at the Sofia University. They were appointed as Assistant Professors in the clinics of Obstetrics and Gynecology, Neurology and Internal Propaedeutics. Few of them preserved their positions because of their short-term contracts and of the Assistant Professors Regulation, which admitted appointment of women only if there were no male applicants. For instance, Dr. Valentina Tranen, Assistant Professor in the Department of Surgical Propaedeutics and Operational Medicine, obtained excellent attestations by the Head of Department, but her contract was terminated. In 1934 the well-known

psychiatrist Dr. Elena Shehanova was also dismissed owing to the expiration of her contract. Five years earlier she became a Deputy Director of the Clinic of Neurology in spite of the protest of her male colleagues who maintained that a woman is an inappropriate applicant for such a high position. She succeeded in all her activities, without succeeding to overcome the prejudices. (DA-Sofia 376; DA-Sofia 393) Women doctors, Assistant Professors at the Faculty of Medicine, did not attain academic ranks as Associate Professors and full Professors, which deprived them of higher remunerations and a position of power in the academic hierarchy. Although, according to historians of Bulgarian medicine, they occupied a significant place in the scientific teams of the most eminent Bulgarian professors – founders of scientific schools: Dr. Zdravka Yacheva and Dr. Elena Zhelyazkova were associates of Prof. Vladimir Markov, a pioneer in Microbiology; Dr. Minka Notova-Uzunova and Dr. Elena Konushlieva assisted the notable ophthalmologist, Prof. Kosta Pashev. (Apostolov, M. 1995: 234)

Also they were accepted as equal members of a number of scientific societies: Dr. Maria Angelova – of the Society of Pathologists and Anatomists, Dr. Shehanova – of the Association of Mental Diseases Specialists. (Kolarova, D. 2002; Zhenski glas 1924)

The advanced training of the Bulgarian women doctors is illustrated by their publications. Serious scientific contributions to the founding and the development of Bulgarian Psychiatry were due to Dr. Golovina's and Dr. Shehanova's articles published in Russian, German and English journals. Bulgarian women doctors became contributors to several Bulgarian scientific publications – the *Medical Collection* Journal, the *Health Journal*, the *Medical Journal*, the *Medical Conversation* Journal, the *Medical Journal* of the Medical Society – Varna, the *School Hygiene* Journal and others, and two of the volumes of the *Medical Review* Journal were edited by Dr. Konova and Dr. Podvarzachova. (Meditinskata 1981: 177,179; Meditsinski sbornik 1896; Uchilishtna higiena 1906; Zdravie 1902)

4. Participation of Bulgarian women doctors in processes of social modernization

4.1. Promotion of modern hygiene and prevention of infectious diseases and epidemics

Two generations of Bulgarian women doctors perceived their profession not only as an occupation but as a mission for social progress and modernization as well. They spent their time propagating, lecturing and introducing modern health standards and practices.

Dr. Golovina used the pages of scientific and popular editions to discuss medical issues of public importance – treatment of infections and diseases (as the dog tapeworm, Scarlatina, Tetanus, Malaria, Rheumatism, Myxoedema and Neurasthenia), the therapy of mental diseases, the uses of mineral springs and sea water, the harm of smoking. Resorting to French, German and Russian sources she brought the problems up of hospitals for mental diseases, of feeding, of hygiene, of doctors' secrecy, of criminal abortions and others. Dr. Golovina was also the first translator of scientific medical literature on significant topics ("Cholera with the Latest Viewpoint" by R. Koch). Dr. Shehanova followed her example during the 1920s translating a textbook in General Psychopathology. (Kalchev, K. 1996: 101-102, 107-108, 109, 128-129, 132-133; Kolarova, D. 2002: 47; Nikolaeva, Iv. 1980: 28, 38)

In their daily therapeutic activities at schools, factories and districts women doctors succeeded in the struggle with social diseases as Tuberculosis, Pleurisy, Malaria, Syphilis. A great number of Bulgarian women doctors were appointed as Heads of the Tuberculosis Departments at hospitals (like Dr. Pasternak in Varna and Dr. Grozeva in Lovech and Svishtov). (Nikolaeva, Iv. 1980: 38, 127)

Women doctors were not less active in schools. They taught hygiene, took care of the cleanness and health of the pupils and discussed at their conferences the anti-epidemic measures, the uses of hygienic syllabi and textbooks, the need of dining-rooms, summer holiday camps, swimming-pools and other public facilities. (Arhiv 1909; Uchilishten pregled 1908; TsDA 177 k; Istoria 1980: 203)

The combating of epidemics and of social diseases gathered Bulgarian women doctors in various associations. Dr. Golovina and Dr. Dileva were members of the *Scientific Medical Society* (Varna, 1883). Golovina was also elected as a trustee of the *Society Combating Tuberculosis*, founded in 1910 on the initiative of the Varna Branch of the *Union of Bulgarian Medical Doctors*. The *Samaritan Women Society* attracted Dr. M. Angelova as a lecturer of its courses. (Serafimov, P. 1981: 33; Nikolaeva, Iv. 1980: 68; Chakalova, El. 1929)

4.2. Dissemination of the achievements of modern Pediatrics, Obstetrics and Gynecology and care for children

Obstetrics, Gynecology and Pediatrics were widespread specialties among Bulgarian women doctors and thus they were the pioneers of the modern children's health care.

The *Bulgarian Union for Protection of Children* (1925) was established in the period, when the care for children became a worldwide topic. Lots of medical doctors got involved in its ranks and Dr. Petrana Georgieva-Petkova was attracted to its Executive Board. Its main activity was charity, but women doctors defined fields of activity of their own. They provided for the traveling children's health care exhibitions, made questionnaires on hygiene, feeding and

social diseases in the villages. (Popova, Kr. 1999: 81, 86, 98, 100, 105; Kalchev, K. 1996: 163) From 1927 the *Union* (jointly with the *Red Cross* and the *Union of Bulgarian Medical Doctors*) created a network of health care consultative stations for mothers and children. Pregnant women and poor children were examined and consulted here, they had their dining-rooms, exposed patterns for arrangement of children's rooms, offered models of baby beds, demonstrated garments for pregnant women and breast-fed children, and children's foodstuffs, objects dangerous for children. Experienced women doctors as Dr. Golovina, Dr. Azmanova, Dr. Opalchenska as well as specially trained nurses were active during the 1930s in the urban stations, but they also extended their help in rural stations (for instance at Assenovgrad, Varna, Stara Zagora). A great number of children (in Varna region they were over 6000) were admitted into holiday camps and dining-rooms, created especially by the charitable societies concerned. Thus the health care consultative stations in practice laid the foundations of a mass pediatric attendance unknown until the 1950s. (Vasilev, Iv. 2002: 14; Vasileva, S. 2001: 219; Nikolaeva, Iv. 1980: 112-116)

As women medical doctors were founders and active members of a number of local charitable organizations, of the *Red Cross*, the *Bulgarian Red Cross Youth* and of the *Samaritan Women Society*, they directed their funds to the maternal and children's health care. They themselves (well-known figures as Dr. Golovina in Varna, Dr. Venkova in Gabrovo, Dr. Mustakova in Sevlievo, Dr. Dimitrova in Stara Zagora) established foundations, which set up asylums for children, orphans and poor people, provided for children's holiday camps, granted funds to schools or carried out examinations of poor people free of charge. One of the first Bulgarian women doctors, Dr. Tota Venkova, donated in her testament half a million Bulgarian leva to the Tuberculosis Sanatorium in Iskrets and for the establishment of a Tuberculosis children climatic school in her native town, Gabrovo (1921). (Zhenski glas 1922; Nestorov, Al. 2000; Sarce 2005)

4.3. Public and political activity

Bulgarian women doctors as all other physicians in the country were obligatorily members in the *Union of Bulgarian Medical Doctors*, founded in 1901. It enforced strict professional norms and impeded them to cooperate on the basis of gender (as women writers, lawyers and artists did). This was a reason why they reduced their activity for achieving equal professional rights in terms of career hierarchy, payment and power positions.

On the other hand women doctors were often militating in the Bulgarian women's movement that from the very beginning raised demands concerning women's educational and professional needs. The Board of Trustees of the biggest feminist organization in the country, the *Bulgarian Women's Union*, was composed of renowned women doctors – for a long time the vice

chairpersons were Dr. Jordanka Mustakova (1903-1906) and Dr. Bozhana Beron (1921-1927). Dr. Maria Angelova, Dr. Kazasova and Dr. Tranen entered the Board during the 1920s-1930s. (Balgarski 1931: 63-85)

Women doctors served as leaders of local women's associations as well. Dr. Azmanova – Hancheva was the founder and chairperson of the *Probuda* Women's Society in Stara Zagora. On her initiative were opened a female household school (1927), a health care consultative station and maternity courses. Dr. Angelova was a member of the *Bulgarian Woman Association*, Dr. Z. Dimitrova headed the *Prosveta* Society, Dr. Golovina was a member of the *Majka* Society, the *Samorazvitie* Association and the *Milosardie* Society. The last one supported a home for aged and an orphanage. (Vasileva, S. 2001: 218-220; Petrovski, Iv. 2003: 281; Kalchev, K. 1996: 141, 160-161)

The *Bulgarian Association of University Women* (founded in 1924 and existing until 1950) included 27.1 % of the practicing Bulgarian women doctors. Dr. Maria Angelova and Dr. Nadezhda Fingova-Pavlovich, medical doctors of the first generation, were among its founders and trustees for many years. Most of the women lecturers of the Faculty of Medicine at Sofia University were also members of the *Association*, with a program to mobilize the female medical elite and oppose the sexism in the academy.

5. Conclusions

The women doctors played an important role in social modernization processes of the Bulgarian nation state. They were among the first Bulgarian girls graduating from universities and their training became an argument against parents' conservatism concerning female education. In the end of the 19th century Bulgarian women doctors became promoters of the women's access to Sofia University and of the idea of a local Faculty of Medicine. The professional aspirations of Bulgarian women doctors traced the way for the professional emancipation of women in the country and particularly in the public sector. Their appointments and career promotion marked a progressive tendency and were fairly successful in contrast to the case of 'Bulgarian women jurists case', who were prohibited to work as lawyers, notaries and judges up to 1945.

In contrast of other European countries, Bulgarian women doctors of minority and foreign origin were an integral part of the medical cluster because of their successful integration in Bulgarian society.

On the strength of their academic career and scientific publications Bulgarian women doctors contributed to the foundation of national medical science. They were pioneers of modern Bulgarian Psychiatry, Obstetrics, Gynecology, and Pediatrics.

Bulgarian women doctors were zealous promoters of modern hygiene and vaccinations in towns and villages, and among mothers and schoolchildren.

They also got involved as public figures in the fight against epidemics and infectious diseases.

Women medical doctors engaged themselves widely in other public activities as well. They spread ideas of women's emancipation (by means of education and non domestic labour) and professional equality.

The education and career of Bulgarian women doctors can be regarded as remarkable in comparison with their European female colleagues too. In fact they met with no legal obstacles in their access to academic education and in the beginning of their professional career. They were not exposed to ethnic and religious limitations neither and could occasionally even obtain professional power positions.

Undoubtedly, women medical doctors (as professionals) were belonging to the national intellectual elite and were an active factor in the process of national modernization (19th-20th centuries). But, nevertheless, (as women) they remained part of 'discriminated elites' and relatively under-qualified in the 'sexual division of labour' (P. Bourdieu) – being often dominated by their male colleagues, distrusted by society, pushed into 'low' specialties, relegated to the 'bottom' of their 'professional ladder' with lower salary and term contracts.

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